

HIV/AIDS	CPR
Bkgrnd	Employment
Registration number	
Date of Issue	

FOR KBD USE ONLY

Rev. July 2010

Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101
Louisville, KY 40222
502/429-7280
<http://dentistry.ky.gov>

APPLICATION FOR DENTAL ASSISTANT REGISTRATION

Please print in ink or type your responses. List your name as you want it to appear on your registration.

Name _____
Last/Suffix First Middle

Former Name(s) _____ SSN _____

Place of Birth _____ Date of Birth _____ Gender (M/F) _____
mm/dd/yyyy

Citizen of _____ If naturalized U.S. citizen, give date and place _____

Home address _____
Number & Street **PO Boxes Not Acceptable**

City State ZIP KY County Phone #

Intended business address _____
Business Name Number & Street **PO Boxes Not Acceptable**

City State ZIP KY County Phone #

Preferred mailing address ☐ Home ☐ Business ☐ Other _____

Email address _____ Cell phone number _____

Practice Experience

Please list employment as a dental assistant that includes a minimum of one (1) year of experience. You must retain at your worksite documentation that verifies the dates listed below.

Employer	Location	Dates Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are qualifying for registration based on successful completion of a CODA accredited dental assisting program. If so, you must attach supporting documentation verifying completion.

Attestation to be completed by the supervising dentist

As the supervising dentist, I have trained the above named dental assistant and I attest to the competency of this individual to perform duties as maintained in the employee's file in my office.

Signature of supervising dentist License number Date

If you answer NO to question 1, please attach a full written explanation.

- | | | |
|--|-----|----|
| 1. Do you understand, read, speak, and write the English language with a comprehension and performance level equal to at least the ninth grade of education, otherwise known as Level 4? | Yes | No |
|--|-----|----|

If you answer YES to any of questions 2-7 or 9, please attach a full written explanation.

- | | | |
|--|-----|----|
| 2. Has any dental assistant registration held by you had any type of disciplinary action taken against it by any state board or government agency? | Yes | No |
| 3. Are there any disciplinary actions pending against your registration by any state board or government agency? | Yes | No |
| 4. Has a dental assistant registration ever been denied to you by any state? | Yes | No |
| 5. Have you ever voluntarily surrendered your registration while under investigation in any state? | Yes | No |
| 6. Have you ever been convicted of a misdemeanor or felony? | Yes | No |
| 7. Have you ever been sued for malpractice or professional negligence? | Yes | No |
| 8. Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority (KHEAA)? | Yes | No |
| 9. If yes to #8, are you in default of the repayment obligation, per KRS 164.772? | Yes | No |

Affadavit to be Completed Before a Notary

I, _____, being duly sworn state that I am the person referred to in the foregoing application and that the photograph attached hereto is of myself and that the statements made herein are true, accurate, and complete to the best of my knowledge and belief. I certify that I have not, am not, and shall not practice, be classified, or hold myself out as being able to practice dental assisting in Kentucky until authorization to do so has been granted by the Kentucky Board of Dentistry. In the event that I am licensed by the Kentucky Board of Dentistry, I hereby agree to adhere to and abide by all the statutes, rules, and regulations governing the practice of dentistry in Kentucky.

I understand that, under Kentucky Law, the submission of any false, fraudulent, or forged statement, document, or other matter in connection with this application is grounds for criminal prosecution and denial of licensure. I authorize the Board or its agents to obtain from other sources any information, files, or records necessary for determining my qualifications for licensure.

Attach a head and shoulders photograph taken within the past six months.

No hats, please.

Signature of Applicant

State of _____)
County of _____) ss

Signed and sworn to before me this

_____ day of _____, 20_____.

Signature _____
Notary Public

My commission expires _____

Return your application, non-refundable fee, and other required information to:

Kentucky Board of Dentistry
312 Whittington Parkway, Suite 101
Louisville, KY 40222